

Case Number:	CM14-0032309		
Date Assigned:	06/20/2014	Date of Injury:	07/20/2010
Decision Date:	08/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56-year-old male who reported an injury on 07/20/2010, caused by an unspecified mechanism. The injured worker's treatment history included medications. 02/09/2014, the provider noted the injured worker's current foot and ankle problems were a result of diabetes and a subsequent infection, which was difficult to treat; and therefore, resulted in amputation. It was noted that none of this would have happened if it had not been for the industrial injury which damaged the tissues of his foot and made them more vulnerable to infection than would otherwise have been the case. The injured worker was evaluated on 01/24/2014 with complaints of foot pain that was improving. However, pain was still described as aching, burning, exhausting, intermittent, pulling, remittent, shifting, shooting, splitting, stabbing, tingling, numbness, and inflammation. The injured worker was experiencing locking, numbness, weakness, pain, stiffness, aches, and tenderness. The provider noted the injured worker had a history of diabetes mellitus not currently controlled on any medications because Medicare does not pay for medications. The physical examination of the musculoskeletal revealed right foot status post was well healed Lisfranc amputation for the metatarsal base of the right foot, with superficial allodynia, infection, swelling, and significant pain to light touch. There was no redness, swelling, discharge, and no signs and symptoms of infection. Medications included Butrans 5 mcg/patch, Inderal 20 mg, and Vicodin 5/500 mg. Diagnoses included foot amputation and neuropathy. The Request for Authorization dated on 01/30/2014 was for Inderal 20 mg; however, the rationale was not provided for this review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Inderal 20mg 1/2 tablets BID, 60 tabs-1 month supply: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Hypertension and Renal Function.

Decision rationale: The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines state All NSAIDs have the potential to raise blood pressure in susceptible patients. The greatest risk appears to occur in patients taking the following anti-hypertensive therapy: angiotensin-converting enzyme (ACE) inhibitors; angiotensin receptor blockers; beta blockers; or diuretics. In addition congestive heart failure may develop due to fluid retention. Treatment recommendations: Blood pressure should be measured as well as evidence of fluid excess in normotensive patients within 2-4 weeks of beginning treatment and on each visit. The documents provided did not indicate the injured worker has a diagnosis of hypertension. Given the above, the request for Inderal 20 mg tablets bid, 6 tabs-1 month supply is not medically necessary.